

**ARKANSAS DEPARTMENT OF TRANSPORTATION (ARDOT)  
CITIZEN COMMENT FORM**

**ARDOT JOB NUMBER 020630  
WABBASEKA-STUTT GART (HWY. 79)  
ARKANSAS AND JEFFERSON COUNTIES**

**LOCATION:  
STUTT GART FIRST BAPTIST CHURCH  
(ACTIVITY CENTER)  
2115 S PRAIRIE STREET  
STUTT GART, AR 72160  
**THURSDAY, AUGUST 8, 2019**  
4:00 – 7:00 P.M.**

Make your comments on this form and leave it with ARDOT personnel at the meeting or mail it by 4:30 p.m. on August 20, 2019 to: Arkansas Department of Transportation, Environmental Division, P.O. Box 2261, Little Rock, AR, 72203-2261. Email: [environmentalpimeetings@ardot.gov](mailto:environmentalpimeetings@ardot.gov).

Yes  No  Do you feel there is a need for the proposed two Northbound and two Southbound lanes for Highway 79 between Wabbaseka and Stuttgart? Comment (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any historical sites, family cemeteries, or archaeological sites in the project area? Please note and discuss with staff. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any environmental constraints, such as endangered species, hazardous waste sites, existing or former landfills, or parks and public lands in the vicinity of the project? Please note and discuss with ARDOT staff. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your home or property offer any limitations to the project, such as septic systems, that the Department needs to consider in its design? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No

    Do you have a suggestion that would make this proposed project better serve the needs of the community? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that the proposed project will have any impacts ( Beneficial or  Adverse) on your property and/or community (economic, environmental, social, etc.)? Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

It is often necessary for the ARDOT to contact property owners along potential routes. If you are a property owner along or adjacent to the route under consideration, please provide information below. Thank you.

Name : \_\_\_\_\_ ( *Please Print*)

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Please make additional comments here. \_\_\_\_\_

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For additional information, please visit our website at [www.ardot.gov](http://www.ardot.gov).